



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Licensing Department

Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

Email: ntudor@truro-ma.gov or nscoullar@truro-ma.gov

BUSINESS LICENSE APPLICATION

Date: _____ ☐ Renewal ☐ New

Section 1 – License Type

Please check the appropriate box the best describes the license type(s).

LODGING	# UNITS	FOOD SERVICE	RETAIL SERVICE	OTHER
<input type="checkbox"/> Motel	_____	<input type="checkbox"/> Food Service (Restaurant/Mobile Food Vending)	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Pool/Spa
<input type="checkbox"/> Cottage Colony	_____	<input type="checkbox"/> Common Victualer	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Peddler
<input type="checkbox"/> Condominium	_____	<input type="checkbox"/> Transient Vendor		
<input type="checkbox"/> Campground	_____	<input type="checkbox"/> Manufacturer of Ice Cream		
<input type="checkbox"/> Lodging	_____	<input type="checkbox"/> Bakery		
		<input type="checkbox"/> Foods (snacks) Commercially Packaged		
		<input type="checkbox"/> Catering		

Section 2 – Business Information

Federal Employers Identification Number (FEIN/SS) _____

Print Name of Applicant _____ Business Name or DBA (☐ Check if new name)

Owner Name _____

Street Address of Business _____ Mailing Address of Business (☐ Check if New Address)

Business Phone Number (☐ Check if New Phone Number) _____ Business E-Mail Address _____

Section 3 – Manager Information

☐ Check if New Manager (Must submit application to Name a Manager)

Complete below if Manager is same as previous year.

Manager Name	Residential Address (include Unit#)	Mailing Address	Phone (24 hrs a day)
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Manager's Signature (REQUIRED)

Section 4 – Hours of Operation

Annual ☐ Seasonal ☐ (Please check one that applies)

Opening Date (MM/DD/YYYY)	Closing Date (MM/DD/YYYY)
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Days of the Week Open	Hours of Operation (Opening to Closing)
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Section 5 – Additional Applications & Documentation

Additional Documentation is required for the following: (Check if applicable)

☐ RESTAURANTS- Food Service Application & Inspection of Kitchen Equipment
(Inspection of Commercial Hood and Ventilation System & Copy of current service report of mechanical washing equipment (Dishwasher)

☐ RETAIL SALES –Permit to Sell Tobacco Application

☐ GAS STATIONS – Service Station Compliance Form & Third-Party Underground Storage Tank Inspection Report (FP-289) form

Last Inspection _____ Next Inspection _____ Facility ID _____

☐ SMOKE DETECTOR/FIRE PROTECTION CERTIFICATION

☐ IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance

☐ IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

Section 6 – ATTESTATION

Sign the following statements ONLY if they are true:

I hereby attest that I am conducting a business in the Town of Truro in accordance with the statutes of the Commonwealth of Massachusetts and subject to the rules and regulations promulgated by the Licensing Authorities for the Town of Truro.

Signature of Applicant

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all applicable State taxes, Room Occupancy taxes, Meal Tax and local property taxes as required by law.

Signature of Applicant

Choose one of the following statements to attest as the truth. They cannot both be true, so be sure that you only sign on one of the signature spaces below:

I attest that under the provisions of MGL Chapter 152, Paragraph 25C, I am in compliance with the law insofar as I **do** have employees in my business and therefore am required to provide the Town of Truro with a copy of my Workers Compensation Coverage to obtain a license for my business.

Signature of Applicant

I attest that I **do not** have employees in my business. _____
Signature of Applicant

DATE

Complete the application and supporting documents and mail or bring them with the appropriate fees to:

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